



## BOARD OF BARBERING AND COSMETOLOGY

P.O. BOX 944226

SACRAMENTO, CA 94244-2260

INFORMATION: (916) 445-7061 FAX (916) 445-8893



## APPLICATION FOR EXAMINATION

The requested information is required by provisions of the Barbering and Cosmetology Act and Rules and Regulations of the Board of Barbering and Cosmetology. All items are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete. This information will be used to determine qualifications for examination under the California Barbering and Cosmetology Act.

(Please type or print legibly in ink)

## Examination Categories and Fees (check only one box)

Barber.....\$50 ☐      Cosmetologist.....\$50 ☐      Electrologist.....\$50 ☐      Esthetician.....\$40 ☐  
 Manicurist....\$35 ☐      Barber Instructor.....\$50 ☐      Cosmetology Instructor.....\$50 ☐

1. NAME			
First	Middle	Last	
2. ADDRESS			
Street and Number	Apt #	City	State      Zip Code
3. SCHOOL CODE	4. BIRTH DATE (MM/DD/YY)	5. TELEPHONE NUMBER	6. SOCIAL SECURITY NUMBER
		(      )	
(For Cosmetologist Applicants Only)		(For Manicurist Applicants Only)	
7. I would like to take the cosmetologist exam in <i>SPANISH</i> .		8. I would like to take the manicurist examination in <i>JAPANESE</i> .	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
(For Manicurist Applicants Only)		10. I will be using an interpreter or interpreter/model.	
9. I would like to take the manicurist examination in <i>VIETNAMESE</i> .		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, my native language is: _____	
11. Have you completed the 10th grade in a public school or its equivalency (12th grade for electrologist and instructor Applicants)?		12. I would prefer to take my examination in (mark one)	
Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Northern California (Fairfield) <input type="checkbox"/> Southern California (Los Angeles)	
13. Have you ever been convicted of a criminal offense, felony, or misdemeanor (or entered a plea of nolo contendere) other than a minor traffic violation? (Convictions dismissed under Penal Code Section 1203.4 must be disclosed.) If answer is "YES", list for each conviction: (a) actual crime for which convicted, (b) date of conviction, (c) city/county and state in which convicted, and (d) sentence received.			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
_____ _____ _____			
(If additional space is required, include a separate sheet of paper.)			
14. Have you served as an interpreter or interpreter/model for any examination administered by the Board?      Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____			
15. Have you ever been licensed in another state or country? If "YES", please identify the state or country, license number and expiration date of license.			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
_____ State or Country of Licensure		_____ License Number	
		_____ Expiration Date	
<p><b>"I declare under penalty of perjury, under the laws of the State of California, that all information contained on this application for licensure and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation, and that ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF LICENSE."</b></p>			
Signature of Applicant		Date	

### **Application for Examination (Side two)**

If you have previously filed an application for examination for a license issued by the California Board of Barbering and Cosmetology OR the California Bureau of Barbering and Cosmetology, OR the California Barbering and Cosmetology Program OR the California Board of Barber Examiners OR the California Board of Cosmetology please provide the following information:

Examination previously applied for: \_\_\_\_\_

Approximate date of filing: \_\_\_\_\_

Application listed under name(s) of: \_\_\_\_\_

Previous license number(s), if applicable: \_\_\_\_\_

### **Previously Licensed Applicants Only**

\_\_\_\_\_  
Name as it Appears on Previous License

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### **Instructor Applicants Only!**

California Barber or Cosmetologist License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I have completed the 12th grade in a public school or its equivalent? Yes ☐ No ☐

If "YES" \_\_\_\_\_  
Name of High School City State

### **PHOTOGRAPHIC IDENTIFICATION REQUIRED FOR ADMITTANCE TO EXAMINATION FACILITY:**

For purposes of identification at the Board's examination facilities, all applicants, models, interpreters, and interpreter/models must present a current and valid government-issued photographic identification card upon entering the examination facility. Government-issued photographic identification cards that may be used include, but are not limited to:

- 1) Driver's License - any state or country
- 2) State Issued Identification - any state
- 3) Military Identification
- 4) United States Passport
- 5) United States Immigration and Naturalization Issued Identification
- 6) Certificate of United States Citizenship

Please note that the identification card must be currently valid and the photograph must be recognizable as the person to whom the identification card was issued.

The information on this application is maintained by the Board of Barbering and Cosmetology, P.O. Box 944226, Sacramento, CA 94244-2260, under the authority granted by the Business and Professions Code, the Barbering and Cosmetology Act, Division 3, Chapter 10, Sections 7301 and following.

It is mandatory that you provide all information requested. Omission of any item of information will result in the application being rejected as incomplete.

Your completed application becomes the property of the Board of Barbering and Cosmetology and will be used by authorized personnel to determine your eligibility for the examination for which you are applying. Information on your application may be transferred to other governmental or law enforcement agencies.

You have the right to review the records maintained on you by this Board, unless the records are otherwise exempt from disclosure.

### **FOR OFFICE USE ONLY -- PLQ'S:**

\_\_\_\_\_  
Current Name of Licensee License Number Expiration Date